

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation Gun Owners of America, Inc.			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8001 Forbes Place, Suite 102			
(c) City, State and ZIP Code Springfield VA 22151-2205			3. FEC Identification Number <div> <div>C</div> <div>C90011693</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)			

M M / D D / Y Y Y Y

The diagram shows three rectangular boxes representing DNA sequences. The first box contains 'M' at the top left and 'M' at the top right. The second box contains 'D' at the top left and 'D' at the top right. The third box contains 'Y' at the top left, 'Y' at the top right, 'Y' at the top center, and 'Y' at the top right-center. Each box has a small square at the bottom center.

1485.48

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Gun Owners of America, Inc.

Full Name (Last, First, Middle Initial) of Payee
Fryd Solutions Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 17 / 2016

Mailing Address P.O. Box 223

Amount

City State Zip Code
Bramwell WV 24715

1485.48

Transaction ID : F57.4327

Purpose of Expenditure
Robo callsCategory/
Type 004Office Sought: ☐ House State: SC
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Ted CruzCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1485.48Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1485.48

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 1485.48
(carry total from last page forward to Line 7)